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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 154	
City of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. 109
Town of _____	City of <u>Globe</u>	(No. _____)	Local Registrar's No. _____
FULL NAME OF CHILD <u>Mary Rayes</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>March 15</u>	191 <u>9</u>	
(Month) (Day) (Yr.)			
FATHER		MOTHER	
Full Name <u>Sam Rayes</u>	Full Maiden Name <u>Rose Rayes</u>		
Residence <u>Globe</u>	Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>26</u>	Color or Race <u>White</u>	Age at last Birthday <u>23</u>
(Years)		(Years)	
Birthplace <u>Hemlaya, Syria</u>	Birthplace <u>Lamascus, Syria</u>		
Occupation <u>Merchant</u>	Occupation <u>House wif</u>		
Number of child of this mother... <u>1</u>	Number of Children, of this mother, now living... <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Mar 15</u> 191 <u>9</u> , at <u>3:00 P.</u>			
(Signature) <u>Atot, m. S</u>			
(Attending physician, midwife, householder*)			
Address <u>Miami, Trig</u>			
LOCAL REGISTRAR.			
COUNTY REGISTRAR.			
A True Copy			
COUNTY REGISTRAR.			

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 15 1919, at 3:00 P.

(Signature) Atot, m. S

(Attending physician, midwife, householder*)

Address Miami, Trig

LOCAL REGISTRAR.

COUNTY REGISTRAR.

A True Copy

COUNTY REGISTRAR.

1-492-315-992

COUNTY REGISTRAR.